

# 2016 ILLINOIS STATE FAIR

## Special Events Entry Form

Contest \_\_\_\_\_  
Section \_\_\_\_\_  
Name of Contestant \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Date of Event \_\_\_\_\_  
Premium Number \_\_\_\_\_  
Age \_\_\_\_\_  
City \_\_\_\_\_  
Zip Code \_\_\_\_\_

Participant: ☐ Male ☐ Female

**Please list all members that will be competing in this event and their age**

NAME	AGE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**FEEL FREE TO MAKE AS MANY COPIES AS NEEDED.**

**Submit to: Illinois State Fair, Special Events, P.O. Box 19427, Springfield, Illinois 62794-9427  
217/782-0777 or Voice/TDD 217/782-6662**

It is acknowledged by the parties hereto that Participant and all persons performing pursuant to this contract hereby agree to indemnify and hold harmless the Department, its agents, officers and employees from any liability for injuries to the person, whether for bodily injury, sickness, mental anguish or death of the Participant or persons performing pursuant to this contract and as to claims for any damage to any of their property. The Participant and all persons performing pursuant to this contract hereby agree to indemnify and hold harmless the Department, its agents, officers and employees from any liability to third parties arising out of the performance of this contract. In accordance with the Americans with Disabilities Act, any attendee requiring a reasonable accommodation should notify us of their needs by August 1st.

By signing this form, I certify that I have received and read the contents of the Premium Book and that I will abide by all applicable rules contained therein, and all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois.

Signature: \_\_\_\_\_

**FOR SPECIAL EVENTS INFORMATION CALL 217/782-0777**  
**VOICE/TTY 217/524-6858**

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